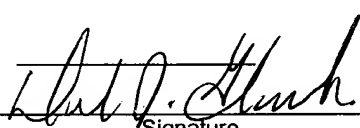
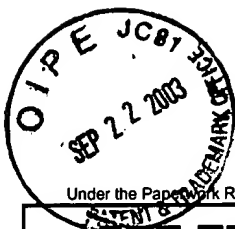


| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 220002058901 | | | | | | | | | | |
|---|----------------------------|---------------------------------------|---|-----------|---|----|---|----|--|----|--|----|
| In re Application of Paul A. INSEL et al. | | | | | | | | | | | | |
| Application Number 09/402,244 | Filed December 12, 2000 | | | | | | | | | | | |
| For: METHODS AND COMPOSITIONS FOR IDENTIFYING VARIATIONS IN HUMAN α_{1B} AND β_2 ADRENERGIC RECEPTOR GENES | | | | | | | | | | | | |
| Art Unit 1634 | Examiner J. Fredman | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>September 22, 2003 Date</p> <p>(650) 813-5725 Telephone Number</p> <p> Signature</p> <p>Debra J. Glaister Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | |

09/26/2003 AWONDAF1 00000074 031952 09402244

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

| | | | |
|---|--|--------------------------|--|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Compleat if Kn wn | |
| Application Number | | 09/402,244 | |
| Filing Date | | December 12, 2000 | |
| First Named Inventor | | Paul A. INSEL | |
| Examiner Name | | J. Fredman | |
| Art Unit | | 1634 | |
| Attorney Docket No. | | 220002058901 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 97.00 | |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|--|----------------|-----------------|----------------|----------|----------|--|---|----------|----------|------------------------|---|----------|----------|-----------------------------------|-------|--------------------|----------|---------------------------------------|--------|----------|----------|--|--|----------|---------|--|--|--------------|--|-------|-------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee Code</th><th></th><th></th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 520</td><td>2003 260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 750</td><td>2004 375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | 1001 750 | 2001 375 | Utility filing fee | | 1002 330 | 2002 165 | Design filing fee | | 1003 520 | 2003 260 | Plant filing fee | | 1004 750 | 2004 375 | Reissue filing fee | | 1005 160 | 2005 80 | Provisional filing fee | | SUBTOTAL (1) | | (\$) | 0.00 | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 750 | 2001 375 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 330 | 2002 165 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 520 | 2003 260 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 750 | 2004 375 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 160 | 2005 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>** = 38</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>27</td><td></td><td>0</td><td>9.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>** = 3</td><td>1</td><td>42.00</td><td>42.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>140.00</td><td>0.00</td><td></td></tr></tbody></table> | | Total Claims | ** = 38 | Extra Claims | Fee from below | Fee Paid | 27 | | 0 | 9.00 | 0.00 | Independent Claims | 4 | ** = 3 | 1 | 42.00 | 42.00 | Multiple Dependent | | | 140.00 | 0.00 | | | | | | | | | | | | | |
| Total Claims | ** = 38 | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | 0 | 9.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 4 | ** = 3 | 1 | 42.00 | 42.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | 140.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 18 | 2202 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 84 | 2201 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 280 | 2203 140 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 84 | 2204 42 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | (\$) | 42.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) 55.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---------------------|-------------------|-----------------------------------|--------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Debra J. Glaister | Registration No. (Attorney/Agent) | 33,888 |
| Signature | | Telephone | (650) 813-5725 |
| | | Date | September 22, 2003 |